

## Before Starting the Project Application

**To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.**

### Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2015 Continuum of Care (CoC) Program Competition. For more information see FY 2015 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2015 CoC Program NOFA and the FY 2015 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2015 CoC Program Competition NOFA.

## 1A. Application Type

### Instructions:

Type of Submission: This field is pre-populated and cannot be changed.

Type of Application: This field is pre-populated and cannot be changed.

If Revision, select appropriate letters: This field is pre-populated and cannot be changed.

If "Other", specify: Field intentionally left blank, cannot edit.

Date Received: This field is pre-populated with the date on which the application is submitted and cannot be edited.

Applicant Identifier: Field intentionally left blank, cannot edit.

Federal Entity Identifier: Field intentionally left blank, cannot edit.

Federal Award Identifier: Field intentionally left blank, cannot edit.

Date Received by State: Field intentionally left blank, cannot edit.

State Application Identifier: Field intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

### 1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 11/13/2015

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

## 1B. Legal Applicant

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2015" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

### 8. Applicant

**a. Legal Name:** City of St. Louis

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 43-6003231

	<b>c. Organizational DUNS:</b>	620680223	PL US 4	
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### d. Address

**Street 1:** 1520 Market

**Street 2:** Suite 4065

**City:** St. Louis

**County:** St. Louis City

**State:** Missouri

**Country:** United States

**Zip / Postal Code:** 63103

### e. Organizational Unit (optional)

**Department Name:** Human Services

**Division Name:** Homeless Services

**f. Name and contact information of person to  
be  
contacted on matters involving this  
application**

**Prefix:** Mr.

**First Name:** Eddie

**Middle Name:**

**Last Name:** Roth

**Suffix:**

**Title:** Director

**Organizational Affiliation:** City of St. Louis

**Telephone Number:** (314) 612-5900

**Extension:**

**Fax Number:** (314) 612-5090

**Email:** rothe@stlouis-mo.gov

## 1C. Application Details

### Instructions:

The information on this screen is pre-populated from the Project Applicant Profile. If there are any discrepancies, or errors, click on "View Applicant Profile" from the left-menu bar, place the Project Applicant Profile in "edit" mode on the Submission Summary screen to correct the information.

When the update/correction has been completed, place the Project Applicant Profile in "complete" mode on the Submission Summary screen before clicking on "Back to New Project Application FY2015" from the left-menu bar.

For further instructions on updating the Project Applicant Profile, review the "Project Applicant Profile" training document on the HUD Exchange.

**9. Type of Applicant:** C. City or Township Government  
If "Other" please specify:

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program  
**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-5900-N-25  
**Title:** Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**  
**Title:**

## 1D. Congressional District(s)

### Instructions:

**Areas Affected By Project:** This field is required. Select the State(s) in which the proposed project will operate and serve the homeless.

**Descriptive Title of Applicant's Project:** This field is populated with the name entered on the Project form when the project application was initiated. To change the project name, click return to the Submission List and click on "Projects" on the left hand menu. Click on the magnifying glass next to the project name to edit.

**Congressional District(s):**

a. **Applicant:** This field is pre-populated from the Project Applicant Profile. Project applicants cannot modify the pre-populated data on this screen. However, project applicants may modify the Project Applicant Profile in e-snaps to correct an error.

b. **Project:** This field is required. Select district(s) in which the project is expected to operate.

**Proposed Project Start and End Dates:** In this required field, indicate the operating start date and end date for the project. For new project applications, indicate the estimated operating start and end date of the project.

**Estimated Funding:** Fields intentionally left blank, cannot edit.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**14. Area(s) affected by the project (state(s) only):** Missouri  
(for multiple selections hold CTRL key)

**15. Descriptive Title of Applicant's Project:** Gateway 180 Rapid Rehousing

**16. Congressional District(s):**

a. **Applicant:** MO-001

b. **Project:** MO-001

(for multiple selections hold CTRL key)

**17. Proposed Project**

a. **Start Date:** 04/01/2016

b. **End Date:** 03/31/2017

**18. Estimated Funding (\$)**

**a. Federal:**

**b. Applicant:**

**c. State:**

**d. Local:**

**e. Other:**

**f. Program Income:**

**g. Total:**

## 1E. Compliance

### Instructions:

**Is Application Subject to Review by State Executive Order 12372 Process:** In this required field, select the appropriate dropdown option that applies to the Applicant applying for homeless assistance funding. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.

Click the following link to access the lists of those States that have chosen to participate in the intergovernmental review process: [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc)

If the applicant is located in a state or U.S. territory that is required review by State Executive Order 12372, enter the date this application was made available to the State or U.S. territory for review.

**Is the Applicant Delinquent on any Federal Debt:** In this required field, select the appropriate dropdown option that applies to the project applicant. This question applies to the project applicant's organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans, and taxes.

If "Yes" is selected, an explanation is required in the space provided on this screen.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:



## 1F. Declaration

### Instructions:

The authorized person for the project applicant organization must agree to the declaration statement in order to proceed to the project application. The list of certifications and assurances are contained in the FY 2015 CoC Program NOFA (Section VI.A.i.b) and in the e-snaps Project Applicant Profile.

**Authorized Representative:** The authorized representative's information is pre-populated on this screen from the Project Applicant Profile. A copy of the governing body's authorization for this person to sign the project application as the official representative must be on file in the applicant's office.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

All screens, 1A – 1F must be completed in full before the project applicant will have access to the Project Application in e-snaps.

**By signing and submitting this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**I AGREE:** ☒

### 21. Authorized Representative

**Prefix:** Mayor

**First Name:** Francis

**Middle Name:** G.

**Last Name:** Slay

**Suffix:**

**Title:** Mayor

**Telephone Number:** (314) 622-3201  
**(Format: 123-456-7890)**

**Fax Number:** (314) 622-4061  
**(Format: 123-456-7890)**

**Applicant:** City of St. Louis  
**Project:** Gateway 180 Rapid Rehousing

MO-501 Project Applicants  
129816

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**Email:** slayf@stlouis-mo.gov

**Signature of Authorized Representative:** Considered signed upon submission in e-snaps.

**Date Signed:** 11/13/2015

## 2A. Project Subrecipients

**This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.**

**Total Expected Sub-Awards: \$200,900**

Organization	Type	Sub-Award Amount
Gateway Homeless Services, Inc. (dba Gateway180)	M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)	\$200,900

## 2A. Project Subrecipients Detail

### Instructions:

Enter the contact information for the person designated by the subrecipient who has the authority to act on the subrecipient's behalf.

**Organization Name:** This field is required. Enter the legal name of the organization that will serve as the subrecipient.

**Organization Type:** This field is required. Select the type of business organization that best describes the subrecipient. Nonprofit applicant types (both public and private) are required to submit to HUD one of the following sources documenting nonprofit status: (1) IRS letter or ruling showing 501(c)(3) status; (2) Documentation showing certified United Way agency status; (3) Certification from a licensed CPA (see 24 CFR part 578); or (4) Letter from an authorized state official showing that the applicant is organized and in good standing as a public nonprofit organization.

If Other, please specify: Enter the other type of business organization that best describes the subrecipient.

**Employer or Tax Identification Number:** This field is required. Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service.

**Organizational DUNS:** This field is required. Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. Information on obtaining a DUNS number may be obtained at <http://www.dnb.com>.

**Physical Address:** Enter the street address, city, state, and zip code (required);

**Congressional District(s):** This field is required. Select the congressional district(s) in which the subrecipient is located.

**Faith Based Organization:** This field is required. Select "Yes" or "No" if the subrecipient is a faith based organization.

**Prior Federal Grant Recipient:** This field is required. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.

**Expected Sub-Award Amount:** This field is required. Enter the expected sub-award amount.

**Contact person:** Enter the prefix, first name, last name, and title (required); middle name and suffix (optional). Enter the person's organizational affiliation if affiliated with an organization other than the subrecipient. Enter the person's telephone number and email (required); alternate number, extension, and fax number (optional).

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**a. Organization Name:** Gateway Homeless Services, Inc. (dba Gateway180)

**b. Organization Type:** M. Nonprofit with 501(c)(3) IRS Status (Other than Institution of Higher Education)

**If "Other" specify:**

**c. Employer or Tax Identification Number:** 43-1099929

	<b>* d. Organizational DUNS:</b>	610774007	<b>PL US 4:</b>	
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**e. Physical Address**

**Street 1:** 1000 N. 19th Street

**Street 2:**

**City:** St. Louis

**State:** Missouri

**Zip Code:** 63106

**f. Congressional District(s):** MO-001  
(for multiple selections hold CTRL key)

**g. Is the subrecipient a Faith-Based Organization?** No

**h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?** Yes

**i. Expected Sub-Award Amount:** \$200,900

**j. Contact Person**

**Prefix:** Ms.

**First Name:** Kathleen

**Middle Name:**

**Last Name:** Beach

**Suffix:**

**Title:** Executive Director

**E-mail Address:** Kheinzbach@Gateway180.org

**Confirm E-mail Address:** Kheinzbeach@Gateway180.org

**Phone Number:** 314-231-1515

**Extension:**

**Fax Number:**

Documentation of the subrecipient's nonprofit status is required with the submission of this application.

## 2B. Experience of Applicant, Subrecipient(s), and Other Partners

### Instructions:

Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations: This is a required field. Describe why the applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide concrete examples that illustrate their experience and expertise in the following: 1) working with and addressing the target population's identified housing and supportive service needs; 2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; 3) identifying and securing matching funds from a variety of sources; and 4) managing basic organization operations including financial accounting systems.

Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds: This is a required field. Include experience with all Federal, State, local and private sector funds. If the applicant and subrecipient have no experience leveraging other funds, include the phrase "No experience leveraging other Federal, State, local, or private sector funds."

Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system: This is a required field. Include the organization and management structure of the applicant and all subrecipients, making sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.

Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any): This is a required field. Select "Yes" or "No" to indicate whether or not the subrecipient has open OIG audit findings; poor or non-compliance with applicable Civil Rights Laws and/or Executive Orders; or open McKinney-Vento related monitoring findings. The question is related to those projects for which the subrecipient organization is either a direct recipient or a subrecipient.

Describe the unresolved monitoring or audit findings: This is a required field if "Yes" to the previous question. Use the space provided to explain the details of the unresolved monitoring or audit findings and the steps the applicant or subrecipient will take to resolve the findings.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

### 1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.

The sub-recipient, Gateway180, has successfully completed two federally funded ESG Rapid Rehousing programs in the past 2.5 years. The agency has successfully leveraged partnerships to fulfill the previous contracts. There are no unresolved monitor findings to report at this time.

**2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**

The sub-recipient, Gateway180, has successfully leveraged local funds and donors to offset programmatic costs for the past 8 years for an average of six (6) annual, federal contracts.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

Sub-recipient, Gateway180 has three levels of accounting controls:

- Business manager balances accounts weekly
- CPA prepares month-end financial statements
- Separate, private auditing firm produces annual audit.

**4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?** No



## 3A. Project Detail

### Instructions:

The selections made on this screen will determine the remaining screens that must be completed for this project application.

**CoC Number and Name:** Select the number and name of the CoC to which the project application will be submitted for the local competition review process. This is the CoC that will submit the CoC Consolidated Application to HUD by the designated submission deadline. Applicants with projects that do not belong to a CoC should select "No CoC."

**CoC Applicant Name:** Select the name of the CoC Applicant, also known as the Collaborative Applicant, from the dropdown. In most cases, there will only be one name from which to choose. The project applicant should choose the name of the CoC Applicant to which they intend to submit this project application.

**Project Name:** This is pre-populated from the "Project" Form and cannot be edited.

**Project Status:** The default selection is "Standard," indicating that the applicant is submitting the application to the Collaborative Applicant for consideration in the FY 2015 CoC Program competition. The selection should only be changed to "Appeal" in the event that the project application is rejected by the Collaborative Applicant (either formally in e-snaps or outside of e-snaps) and the project applicant wants to appeal this decision directly to HUD by submitting a solo application. For additional information on the appeal process, see the Section X of the FY 2015 CoC Program Competition NOFA. A full explanation of the process is provided on Screen "9A. Notice of Intent to Appeal."

**Component Type:** This is a populated field with PH, SSO and HMIS as options for selection and cannot be edited. PH-Permanent Supportive Housing, Rapid Re-Housing, SSO for Coordinated Entry and Dedicated HMIS projects are the only types of new project applications that can be submitted in the FY 2015 CoC Program Competition.

**Energy Star:** this field is required. Select "Yes" or "No" to indicate if Energy Star is being used in this project at one or more properties that will receive funding in this CoC Program Competition.

**Title V:** This field is required. Select "Yes" or "No" to indicate if one or more properties being served by this project were acquired under Title V.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1a. CoC Number and Name:** MO-501 - St. Louis CoC

**1b. CoC Applicant Name:** City of St. Louis

**2. Project Name:** Gateway 180 Rapid Rehousing

**3. Project Status:** Standard

**4. Component Type:** PH

**5. Is Energy Star used at one or more of the proposed properties?** No

**6. Does this project use one or more properties that have been conveyed through the Title V process?** No

## 3B. Project Description

### Instructions:

Provide a description that addresses the entire scope of the proposed project: This field is required. The project description should address the entire scope of the project, including a clear picture of the target population(s) to be served, the plan for addressing the identified needs/issues of the CoC target population(s), projected outcome(s), and coordination with other source(s)/partner(s). The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.

Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work: This is a required field. Provide a schedule and describe both a management plan and implementation methodology that will ensure that the project will begin operating within the requirements described in the FY 2015 CoC Program NOFA and CoC Program interim rule if it is selected for a funding award.

Will your project participate in a CoC Coordinated Entry Process: This is a required field. Select "Yes" if the project is currently participating in a coordinated entry process. Select "No" if a coordinated entry process does not exist in the CoC or if the project does not participate.

Please identify the project's specific population focus. (Select ALL that apply): PH and SSO projects must select the applicable populations as outlined in the FY 2015 CoC Program NOFA. Multiple checkboxes are provided as options.

Housing First: This is a required field for PH projects and does not apply to SSO and HMIS projects. The following questions are required fields to complete the Housing First question. Select all applicable checkboxes that indicate whether or not the project will follow a housing first approach. Select "none of the above" if the project will not follow a housing first approach.

Will the project quickly move participants into permanent housing?: Select "Yes" or "No."

Will the project ensure that participants will not be screened out based on the listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project ensure that participants are not terminated from the program for listed reasons? (Check all that apply): The applicant must select at least one checkbox.

Will the project follow a "Housing First" approach?: This question's response of "Yes" or "No" is auto-scored based upon the responses to the questions above. This field is not editable.

If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. This field must be completed if the project applicant will request capital costs (e.g., acquisition, rehabilitation, or new construction) in the project application. Provide a detailed list of the activities and responsibilities assigned to the applicant and each subrecipient (if any)

Will the PH project provide PSH or RRH: This is a required field. Select PSH if the project will operate according to a permanent supportive housing model as defined by 24 CFR 578. Select RRH if the project will operate according to a rapid rehousing model as defined by 24 CFR 578. "

Will the project request costs under the rental assistance budget line item?: This is a required field. Select "Yes" or "No" from the dropdown menu and if "Yes" is selected, provide an explanation in the textbox provided.

Describe the method for determining the type, amount, and duration of rental assistance that participants can receive. Textbox is provided if the response to the question above is "Yes". If the project is requesting rental assistance, describe the method or process the applicant will use to determine the type, amount, and duration of rental assistance that participants can receive. For PH-PSH projects this generally means a brief explanation of the choice of rental assistance type (PRA, SRA, or TRA).

Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation: This is a required field. If "Yes" is selected, explain, in the textbox provided, how and why the project will implement this requirement for participants to live in particular structure, unit, or locality during all or a portion of the period of participation.

Will more than 16 persons live in one structure: This is a required field. If "Yes" is selected, describe, in the textbox provided, the local market conditions, that necessitate a project of this

size and describe how the project will be integrated into the neighborhood.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1. Provide a description that addresses the entire scope of the proposed project.**

- a. The project will utilize the approved coordinated front door entry system through the CoC's designated agency.
- b. The CoC's designated agency will select "low-barrier," single adult women and families who may or may not have income. With employment, SSI applications or HUD/VASH vouchers, would be able to sustain monthly rent and utilities on market rate rental units given appropriate start-up funds including first and last month's rent, unit security deposit, utility arrears and utility deposits.
- c. Will provide up to one year of rent. The estimated average rent payments will be projected as five months per unit plus security deposit.
- d. Provide case management for Rapid Rehousing clients for up to one year, providing necessary assessments, placements and referrals to help the client and their families address potential barriers that may prevent them from staying housed.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

- a) Project Planning: October-December 2015
  - i. Solicit Donor groups and matching funds
  - ii. Recruit household goods
  - iii. Recruit furniture
  - iv. Locate partner groups to provide job training, food, bus passes, dental care, haircuts, mental health services, daycare, legal aid
- b) Meet with landlords and identify potential units (January-March 2016)
- c) Orient Rapid Rehousing clients to process (January-March 2016)
- d) Show Rapid Rehousing Clients units within their budget and select unit (March-April 2016)
- e) Rapid Rehousing clients sign lease in their own name; move inaugural group of families into new homes (8-16 families)(April – May 2016)
- f) Case management provided to families and includes additional assessments and referrals to community resources. If needed, connect families with employment opportunities (April 2016 – March 2017)
- g) Link families with long-term voucher programs or other appropriate housing solutions, if needed: Shelter Plus Care, SSI Disability, HUD/VASH etc., (April 2016 – March 2017)
- h) Place additional families (June – December 2016, following points (c) – (g))
- i) Provide continuous case management and counseling for all families (ongoing)
- j) Provide intervention with landlords and clients to resolve challenges throughout process (ongoing)
- k) Graduate families from program who reach their housing milestones and encourage them to re-sign their unit lease for the upcoming year. Provide guidance to families and landlords as needed intermittently throughout year two (2).

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

**4. Please identify the specific population focus. (Select ALL that apply)**

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input checked="" type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

**5. Housing First**

**a. Will the project quickly move participants into permanent housing** Yes

**b. Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier.**

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance abuse	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>
Being a victim of domestic violence	<input checked="" type="checkbox"/>
Any other activity not covered in a lease agreement typically found in the project's geographic area.	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

**d. Will the project follow a "Housing First" approach?** Yes

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

N/A

**7. Will the PH project provide PSH or RRH?** RRH

**8. Will the project request costs under the rental assistance budget line item?** Yes

**9. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** No

**10. Will more than 16 persons live in one structure?** No



## 3C. Project Expansion Information

### Instructions:

Will the project use an existing housing facility or incorporate activities provided by an existing project: This is a required field. Select "Yes" or "No" to indicate whether the proposed project expands an existing project in any way either by increasing the number of persons served, providing additional supportive services, bringing existing facilities up to state or local government health and safety standards, or if the funding replaces the loss of non-renewable funding. If "Yes" select all of the applicable expansion activities and provide a description for each.

Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Select one or more of the following activities that describe the type of expansion being proposed. Once all selections have been made, click on the "Save" button in order for follow-up questions related to the applicable selections to be made visible.

**Increase the number of homeless persons served**

The project applicant will complete a table to indicate what the current level of effort (i.e., number of persons currently being served) and what the new level of effort will be as a result of this expansion project. The project applicant should enter the number of persons/units/beds based on the full capacity (currently and after expansion) at a single point in time and not based on the number of persons served over the course of an operating year.

**Provide additional supportive services to homeless persons**

Select from the available items in the first menu and click "Add" or "Add All" to move them to the second menu. To cancel selection of one or more items added to the second menu, click on the appropriate selection(s) and then click "Remove" or "Remove All."

Use the text box provided to justify the supportive service increase indicated in the second menu screen above.

**Bring existing facilities up to state or local government health and safety standards**

Use the text box provided to describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards." Please reference the applicable standard(s).

**Replace the loss of nonrenewable funding**

- a) Use the text box provided to describe the source of non-renewable funding.
- b) Use the text box provided to describe why the funds are non-renewable.
- c) Select the date from the date field corresponding to the date when the non-renewable funds will expire
- d) Use the text box provided to describe what steps were taken to obtain other funding sources.
- e) Use the text box provided to describe why CoC Program funds are needed to continue operating the project.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No

## **4A. Supportive Services for Participants**

### **Instructions:**

Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project policies provide for educational and related services to individuals and families experiencing homelessness, and if the policies are consistent with local and federal educational laws, including the McKinney-Vento Act. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Does the proposed project have a designated staff person to ensure that children are enrolled in school and receive educational services, as appropriate: This is a required field. Select "Yes", "No" or "N/A" to indicate whether the project has a designated staff person responsible for ensuring that children and youth are enrolled in school and connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services. Only projects that do not serve families with children or unaccompanied youth should select "N/A." If "No" is selected, the project applicant will be required to answer an additional question.

Describe the manner in which the project applicant will take into account the educational needs of children when children and/or families are placed in housing: This is a required field if a response of "No" is given for either one of the two preceding questions. Use this space to explain how the project will plan to meet the educational needs of children and youth participants according to the requirements specified under section 426.B.4 of the McKinney-Vento Act as amended by HEARTH.

Describe how participants will be assisted to obtain and remain in permanent housing: This is a required field. Describe how the project applicant will assist project participants to obtain and remain in permanent housing. The response should address how the applicant will take into consideration the needs of the target population and the barriers that are currently preventing them from obtaining and maintaining permanent housing. The applicant should describe how those needs and barriers will be addressed through case management and/or other supportive services that will be offered through the project. If participants will be housed in units not owned by the project applicant, the narrative must also indicate how appropriate units will be identified and how the project applicant or subrecipient will ensure that rents are reasonable. Established arrangements and coordination with landlords and other homeless services providers should be detailed in the narrative.

Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently: This is a required field. Describe the supportive services that will be provided to help project participants locate employment and access mainstream resources so that they are more likely to be able to live independently.

For all supportive services available to participants, indicate who will provide them and how often they are provided. This field is required and at least one value must be entered. Complete each row from the dropdown menus for supportive services that will be available to participants, using the funds requested through the application, and funds from other sources. If more than one Provider is relevant for a single service, please select the provider that corresponds to the highest frequency.

- Provider: select one of the following: "Applicant" to indicate that the applicant will provide the service directly; "Subrecipient" to indicate that a subrecipient will provide the service directly; "Partner" to indicate that an organization that is not a subrecipient of project funds but with whom a formal agreement or MOU has been signed will provide the service directly; or, "Non-Partner" to indicate that a specific organization with whom no formal agreement has been established regularly provides the service to clients. If more than one provider offers the service at the same frequency, choose the provider according to the following: Applicant, then Subrecipient, then Partner, and lastly, non-Partner.

- Frequency: Select the most common interval of time for which the service is accessible to participants. If two frequencies are equally common, choose the interval with the highest frequency.

Applicants may leave dropdown menus as "—select—" when services are not applicable.

Please identify whether the project will include the following activities:

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs: This is a required field. Select "Yes" if the project provides regular or as

requested transportation assistance to mainstream and community resources, including appointments, employment training, or jobs. Select "No" if transportation is not regularly provided or cannot be provided consistently as requested.

Use of a single application form for four or more mainstream programs: This is a required field. Select "Yes" if the project uses a single application form that allow participants to sign up for four or more mainstream programs. Select "No" if mainstream forms are for 3 or fewer programs.

Regular follow-ups with participants to ensure mainstream benefits are received and renewed: This is a required field. Select "Yes" if the project regularly follows-up with participants to ensure that they are receiving their mainstream benefits and to renew benefits when required. Select "No" if there is no follow-ups or the follow-ups are irregular concerning mainstream benefits.

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency: This is a required field. Select "Yes" if project participants have access to SSI/SSDI technical assistance. The assistance can be provided by the applicant, a subrecipient, or a partner agency – through a formal or informal relationship. Select "No" if there is no or significantly limited access to SSI/SSDI technical assistance.

Indicate the last SOAR training date for the staff person providing the technical assistance: This is a required field. Indicate the date of the last SOAR training date for the staff person who is providing the technical assistance.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?** Yes

**1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Yes

**2. Describe how participants will be assisted to obtain and remain in permanent housing.**

Gateway 180 staff will work with families to identify and select housing within their budget. The program will pay for participants' start-up housing costs including food, household goods, furniture, clothing and personal care items. Assistance will be provided to families to move into their new housing. Case management services will be provided to ensure their ability to remain stably housed and will assist in setting up a household budget, plan to pay bills on a timely basis and help for families to resolve any issues between landlord and client. Head of households will be enrolled in "Skills for Success" classes that include landlord tenant rights, dressing for interviews, parenting classes, housekeeping, home maintenance, etc. A LCSW will be available to assess clients for any mental health barriers and provide counseling and connect client to mental health services. Assistance with additional resources in any others areas needed to keep family housed will be provided.

**3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.**

Case managers will work with head of households and their families on job training, applying for school and employment opportunities and will assist in identifying transportation to job interviews. Where applicable, clients will be assessed for their ability to work and will be provided assistance to access any benefits, such as SSDI/SSI, and could work with a SOAR trained specialist through the application process. All clients who are able to work will be directed to job training classes. Case managers will assist clients with their resumes. Transportation assistance to job fairs and job interviews will be provided.

**4. For all supportive services available to participants, indicate who will provide them, how they will be accessed, and how often they will be provided.**

**Click 'Save' to update.**

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	Annually
Case Management		Subrecipient	As needed
Child Care		Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Partner	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Subrecipient	Monthly
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	Weekly
Mental Health Services		Partner	As needed
Outpatient Health Services		Non-Partner	As needed
Outreach Services		Subrecipient	As needed
Substance Abuse Treatment Services		Partner	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	Annually



**5. Please identify whether the project will include the following activities:**

**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5b. Use of a single application form for four or more mainstream programs?** Yes

- 5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes
- 6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Yes
- 6a. Indicate the last SOAR training date for the staff person providing the technical assistance.** 06/01/2015

## 4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

**Total Units:** 8

**Total Beds:** 16

Housing Type	Units	Beds	Dedicated CH Beds	Non-Dedicated CH Beds
Scattered-site apartments (...)	8	16	--	16

## 4B. Housing Type and Location Detail

### Instructions:



## ALL PROJECTS EXCEPT HMIS

A unique detail screen should be completed for each structure. In the case of clustered apartments, a single complex with multiple addresses may be entered on one detail screen. In the case of scattered-site apartments, all scattered-site units within a single FMR area may be entered on one detail screen.

**Housing Type:** This is a required field. Select the proposed Housing Type from the dropdown menu. Refer to the Project Application Detailed Instructions for a definition of each Housing Type.

Indicate the maximum number of units and beds available for project participants at the selected housing site: This is a required field. Indicate the number of units and beds that will be served by this project.

How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless: This is a required field. Enter that total number of beds that are dedicated to the chronically homeless (CH). Dedicated CH beds are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness, as defined at 24 CFR 578.3, unless there are no persons within the CoC that meet that criteria. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). If a project has dedicated beds to serve CH families, all beds serving the household should be included in this number. If none of the beds are dedicated to the chronically homeless, enter "0." If this is a new reallocated PSH project, all beds must be dedicated to the chronically homeless.

How many of the total beds entered in "2b. Beds" are not currently dedicated for the chronically homeless but will be used to assist the chronically homeless when turnover occurs: This required field will calculate automatically and is the difference between the total beds entered into field 2b. Beds and the value entered into 3a above.

How many of the beds listed in question "3b." above will likely become available through turnover in the FY 2015 operating year: This is a required field. Enter the number of beds that are estimated to become available through turnover in the FY 2016 operating year. Using the value automatically calculated in field 3b, estimate and then enter the number of beds that will likely become available over the requested grant term. This will give you the number turnover beds that are not dedicated to the chronically homeless.

How many of the beds listed in question "3c." above will be prioritized for use by the chronically homeless in the FY 2016 operating year: This is a required field. Use the number of turnover beds that are not dedicated to the chronically homeless and that you estimated in field 3c to estimate and enter the number of those beds that will be prioritized for the chronically homeless as soon as they do turnover.

### Beds for veterans

How many of the total beds entered in "2b. Beds" are dedicated to veterans: This is a required field. Enter the total number of beds that are dedicated to veterans.

### Beds for families

How many of the total beds entered in "2b. Beds" are dedicated to families: This is a required field. Enter the total number of beds that are dedicated to families.

### Beds for youth

How many of the total beds entered in "2b. Beds" are dedicated to youth: This is a required field. Enter the total number of beds that are dedicated to youth, including parenting youth and unaccompanied youth.

**Address:** This is a required field. Enter the physical address for this proposed project. For Scattered-site housing, programs should enter the address where the majority of beds are located or where most beds are located as of the application submission. For scattered-site apartments or clustered apartments with different addresses, applicants may also choose to enter an administrative address.

Select the geographic area(s) associated with the address: This is a required field. Select the geographic location(s) of the selected Housing Type.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1. Housing Type:** Scattered-site apartments (including efficiencies)

**2. Indicate the maximum number of units and beds available for project participants at the selected housing site.**

**a. Units:** 8

**b. Beds:** 16

**3. Address:**

**Street 1:** 1000 N. 19th Street

**Street 2:**

**City:** St. Louis

**State:** Missouri

**ZIP Code:** 63106

**\*4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.  
(for multiple selections hold CTRL key)**

294626 St Louis

## 5A. Project Participants - Households

### Instructions:

In each non-shaded field list the number of households or persons served at maximum program capacity. The numbers here are intended to reflect a single point in time at maximum occupancy and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

**Households:** Enter the number of households under at least one of the categories: Households with at least One Adult and One Child, Adult Households without Children, or Households with Only Children.

**Households with at least One Adult and One Child:** Enter the total number of households with at least one adult and one child. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Households without Children:** Enter the total number of adult households without children. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Households with Only Children:** Enter the total number of households with only children. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Characteristics:** Enter the total number of homeless that fall under one of the characteristics listed.

**Persons in Households with at least One Adult and One Child:** Enter the number of persons in households with at least one adult and one child for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.

**Adult Persons in Households without Children:** Enter the number of persons in households without children for each demographic row. To fall under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

**Persons in Households with Only Children:** Enter the number of persons in households with only children for each demographic row. To fall under this column and household type, there may not be any persons at or above the age of 18, and only persons under the age of 18.

**Totals:** All fields in the "Total Number..." and "Total Persons" rows will automatically calculate when the "Save" button is clicked.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	6	2	0	8
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	6	2		8
New Project Application FY2015		Page 35	11/16/2015	

**Applicant:** City of St. Louis

MO-501 Project Applicants

**Project:** Gateway 180 Rapid Rehousing

129816

Adults ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	6	2	0	8

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

### Instructions:

\*This screen can only be completed once Screen "5A. Project Participants – Households" has been completed and saved.

In each non-shaded field enter the number of persons served at maximum program capacity according to their age group, disability status, and the extent in which persons served fit into one or more of the subpopulation categories. The numbers here are intended to reflect a single point in time at maximum capacity and not the number served over the course of a year or grant term. Dark grey cells are not applicable and light grey cells will be totaled automatically.

Complete each of the three charts on the screen according to household types.

Persons in Households with at least one Adult and One Child chart: Enter only persons in households with at least one adult and one child. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and at least one person under the age of 18.

Persons in Households without Children chart: Enter only persons in adult households without children. To be listed on this chart, a person must be part of a household with at least one person at or above the age of 18, and no persons under the age of 18.

Persons in Households with Only Children chart: Enter only persons in households with only children. To be listed on this chart, a person must be part of a household with no persons at or above the age of 18, and only persons under the age of 18.

Total Persons: All fields in the "Total Persons" rows will calculate automatically when the "Save" button is clicked.

Describe the unlisted subpopulations referred to above: This field is visible and mandatory if a number greater than 0 is entered into the column "Persons not represented by listed subpopulations." Enter text that describes the person(s) identified in this column and explains how they do not fall under the other categories in columns 1 through 9.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

### Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	4	0	0	0	2	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Children under age 18										
Total Persons	0	0	4	0	0	0	2	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Adults over age 24	0	0	2	0	0	0	0	0	0	0
Adults ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	0	0	2	0	0	0	0	0	0	0

**Click Save to automatically calculate totals**

### Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AID S	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represen ted by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

## 5C. Outreach for Participants

### Instructions:

Enter the percentage of project participants that will be coming from each of the following locations: This is a required field. Enter the percentage (between 0% and 100%) of participants that will be coming from each of the following locations:

- Directly from the street or other locations not meant for human habitation
- Directly from emergency shelters
- Directly from safe havens
- Persons fleeing domestic violence

Total of above percentages: The percentages entered will automatically sum when all required fields are entered and the "Save" button is clicked. A warning message will appear if the total is greater than 100%.

If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements: This field is required if the total percentage calculated above is less than 100 percent. If required, explain where the unaccounted for participants will come from. All participants served in CoC Program funded projects must meet eligibility criteria set forth in the CoC Program interim rule and the FY 2015 CoC Program NOFA.

Describe the outreach plan to bring these homeless participants into the project: This field is required. Describe how the applicant/subrecipient plans to bring homeless persons into the project. Also describe the contingency plan that the applicant/subrecipient will implement if the project experiences difficulty in meeting the requirements to serve exclusively chronically homeless individuals and/or families. The contingency plan may include re-evaluating the intake assessment procedures or outreach plan.

**\*NOTE\*** The definition of Chronic Homelessness qualifies persons as chronically homeless only when they come from the street or other locations not meant for human habitation, emergency shelter, or safe havens. Additionally, to qualify for rapid re-housing, persons may only come from the street or other locations not meant for human habitation, emergency shelter, or safe havens.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

### 1. Enter the percentage of project participants that will be coming from each of the following locations.

18%	Directly from the street or other locations not meant for human habitation.
50%	Directly from emergency shelters.
16%	Directly from safe havens.
16%	Persons fleeing domestic violence.
100%	Total of above percentages

### 2. If the total is less than 100 percent, identify how the persons meet HUD's definition of homeless and the project type eligibility requirements.

**3. Describe the outreach plan to bring these homeless participants into the project.**

The project will receive all of its referrals through the Front Door - Coordinated Entry process. Families will be homeless according to HUD guidelines and homeless status will be documented.



## 5D. Discharge Planning Policy

1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs? Yes

## 6A. Standard Performance Measures

### Instructions:

**Housing Measures:** This is a required field. Persons remaining in permanent housing as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized) during the operating year: Count each participant who is still living in your units supported by your facility as well as clients who have exited your units and moved into another permanent housing situation

**Income Measure:** This is a required field where at least one option must be chosen by the project applicant.

a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Total income can include all sources, public and private.

b. Persons age 18 through 61 who maintained or increased their earned income as of the end of the operating year or program exit: Not applicable for youth below the age of 18. Earned income should only include income from wages and private investments, and not public benefits.

For each measure, enter a number in the blank cells according to the following instructions:

**Universe (#):** Enter the total number of persons about whom the measure is expected to be reported. The Universe is the total pool of persons that could be affected.

**Target (#):** Enter the number of applicable clients from the universe who are expected to achieve the measure within the operating year. The Target is the total number of persons from the pool that are affected.

**Target (%):** This field will be calculated automatically when all required fields are entered and saved. For example, if 80 out of 100 clients are expected to remain in the permanent housing program or exit to other permanent housing, the target % should be "80%."

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

### 1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

Housing Measure	Target (#)	Universe (#)	Target (%)
a. RRH: Persons exiting to permanent housing destinations (per data element 3.12 of the 2014 HMIS Data Standards) during the operating year.	7	8	88%
b. RRH: Persons who were placed in permanent housing within 30 days of entry into project.	7	8	88%

**2. Choose one income-related performance measure from below, and specify the universe and target numbers for the goal.  
Click 'Save' to calculate the target percent (%).**

Income Measure	Target (#)	Universe (#)	Target (%)
2a. Adults who increased their total income (from all sources) as of the end of the operating year or project exit.	7	8	88%
OR			
2b. Adults who increased their earned income as of the end of the operating year or project exit.			0%

## 6B. Additional Performance Measures

**Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).  
To add information to this list, click on the icon and enter the requested information.**

Proposed Measure
This list contains no items

## 7A. Funding Request

### Instructions:

Will it be feasible for the project to be under grant agreement by September 30, 2017: This is a required field. Select "Yes" or "No" to indicate if this project application is awarded if it will be in a position to begin operating by September 30, 2017. The FY 2015 HUD Appropriations Act requires HUD to obligate FY 2015 CoC Program funds by this date. If "No" is selected, or if the deadline is not met, this may result in the rejection of a grant or the recapture of conditionally awarded funds.

Is the project proposing to use funds reallocated from the CoC's annual renewal demand OR Is the project applying for funding through the permanent housing bonus? Select "Reallocation" if this project application was created through the use of funds reallocated from one or more eligible renewal projects.

Does this project propose to allocate funds according to an indirect cost rate? This is a required field. Select 'Yes' or 'No' to indicate whether the project either has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, please consult 2 CFR Part 200.56, Part 200.413 and Part 200.414, FY 2015 NOFA and contact your local HUD office. The following questions become visible if "Yes" is selected:

- Please complete the indirect cost rate schedule below: Applicant must complete at least one row in the grid.
- Has this rate been approved by your cognizant agency? Select "Yes" or "No" from the dropdown menu.
- Do you plan to use the 10% de minimis rate?: Select "Yes" or "No" from the dropdown menu.

Select a grant term: This is a required field. Select the term of the proposed project application. The selection here will determine how the "Summary Budget" will calculate the total funding request. Please refer to the FY 2015 CoC Program NOFA for details concerning grant terms and years of funding for different project types and eligible costs.

Select the costs for which funding is being requested: This is a required field. All project applications must identify the eligible cost budgets for which funding is being requested. The choices available will depend on the project type selected on Screen "3A Project Detail." The following eligible cost budgets may be listed: acquisition/rehabilitation/new construction, leased units, leased structures, rental assistance, supportive services, operations, and HMIS. Indicate only those activities for which the applicant is requesting funding from HUD through the FY 2015 CoC Program competition.

If you do not see the eligible cost budgets that you expected, you may need to return to Screen "3B. Project Description" to review the type of project selected. See the FY 2015 CoC Program NOFA for additional guidance.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**1. Will it be feasible for the project to be under grant agreement by September 30, 2017?** Yes

**2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?**

Reallocation

**3. Does this project propose to allocate funds according to an indirect cost rate?**

No

**4. Select a grant term:** 1 Year

**\* 5. Select the costs for which funding is being requested:**

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>



## Funding\_Request HIDDEN

**(HIDDEN) Grant Term in years, for use in calculations:** 1

**(HIDDEN) Grant Term in Months, for use in calculations:** 12

<b>Acquisition/Rehabilitation/New Construction (Hidden)</b>	<input type="checkbox"/>
<b>Supportive Services (Hidden)</b>	<input checked="" type="checkbox"/>
<b>Rental Assistance (Hidden)</b>	<input checked="" type="checkbox"/>
<b>Leased Units (Hidden)</b>	<input type="checkbox"/>
<b>Leased Structures (Hidden)</b>	<input type="checkbox"/>
<b>Housing Relocation &amp; Stabilization (Hidden)</b>	<input type="checkbox"/>
<b>Operations (Hidden)</b>	<input type="checkbox"/>
<b>HMIS (Hidden)</b>	<input type="checkbox"/>

## 7E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Request for Grant Term:		\$79,872	
Total Units:		8	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	IL - St. Louis, MO-IL HUD Metro FMR A...	8	\$79,872



## Rental Assistance Budget Detail

### Instructions:

**Type of Rental Assistance:** Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

**Metropolitan or non-metropolitan fair market rent area:** This is a required field. Select the FY 2015 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

**Size of Units:** These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

**# of units:** This is a required field. For each unit size, enter the number of units for which funding is being requested.

**FMR:** These fields are populated with the FY 2015 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

**12 Months:** These fields are populated with the value 12 to calculate the annual rent request.

**Total Request:** This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

**Total Units and Annual Assistance Requested:** The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

**Grant Term:** This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**Type of Rental Assistance:** TRA

**Metropolitan or non-metropolitan fair market rent area:** IL - St. Louis, MO-IL HUD Metro FMR Area (1701399999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months			Total Request (Applicant)
SRO		x	\$400	x	12		=	\$0
0 Bedroom		x	\$533	x	12		=	\$0
1 Bedroom	2	x	\$633	x	12		=	\$15,192

2 Bedrooms	4	x	\$816	x	12	=	\$39,168
3 Bedrooms	2	x	\$1,063	x	12	=	\$25,512
4 Bedrooms		x	\$1,206	x	12	=	\$0
5 Bedrooms		x	\$1,387	x	12	=	\$0
6 Bedrooms		x	\$1,568	x	12	=	\$0
7 Bedrooms		x	\$1,749	x	12	=	\$0
8 Bedrooms		x	\$1,930	x	12	=	\$0
9 Bedrooms		x	\$2,111	x	12	=	\$0
Total Units and Annual Assistance Requested	8						\$79,872
Grant Term							1 Year
Total Request for Grant Term							\$79,872

**Click the 'Save' button to automatically calculate totals.**

## 7F. Supportive Services Budget

### Instructions:

Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service.

**Eligible Costs:** The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

**Quantity AND Description:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

**Total Annual Assistance Requested:** This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

**Grant Term:** This field is populated based on the grant term selected on Screen "7A. Funding Request" and will be read only.

**Total Request for Grant Term:** This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

### A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	1.455 FTE x (\$35,000 Salary + \$3,500 Benefits)	\$56,000
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	Maintenance, repairs and gasoline for two vans, (1) a 15 passenger van and (2) a cargo van. both vehicles will be used to transport clients, their food, furniture and other supplies into their new housing unit, too and from life skills classes, interviews, and doctors/treatment appointments =(\$2,405). Bus tickets @ \$120 a month x 8 households x 6 months =(\$5,760)	\$8,165
<b>16. Utility Deposits</b>	8 housing units @ \$150 a month per unit x 12 months=(\$14,400); Utility Arrears Assistance 8 housing units @ \$1,425 average per housing unit =(\$11,400)	\$25,800
<b>17. Operating Costs</b>	Project Director (0.26 FTE x \$60,000 Salary + \$5385 Benefits	\$17,000
<b>Total Annual Assistance Requested</b>		\$106,965
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$106,965

**Click the 'Save' button to automatically calculate totals.**

## 7I. Sources of Match/Leverage

The following list summarizes the funds that will be used as Match or Leverage for the project. To add a Matching/Leverage source to the list, select the icon. To view or update a Matching/Leverage source already listed, select the icon.

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$75,000
Total Value of All Commitments:	\$75,000

### Summary for Leverage

Total Value of Cash Commitments:	\$0				
Total Value of In-Kind Commitments:	\$255,066				
Total Value of All Commitments:	\$255,066				
Match/ Leverage	Type	Source	Contributor	Date of Commitment	Value of Commitments
Leverage	In-Kind	Private	Affina Healthcare	10/29/2015	\$107,566
Leverage	In-Kind	Private	BJC	11/02/2015	\$140,000
Leverage	In-Kind	Private	Legal Services of...	10/30/2015	\$7,500
Match	In-Kind	Private	Operation Food Se...	10/31/2015	\$75,000

## Sources of Match/Leverage Detail

### Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Affina Healthcare
- 5. Date of Written Commitment:** 10/29/2015
- 6. Value of Written Commitment:** \$107,566

## Sources of Match/Leverage Detail

### Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** BJC
- 5. Date of Written Commitment:** 11/02/2015
- 6. Value of Written Commitment:** \$140,000

## Sources of Match/Leverage Detail

### Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 1. Will this commitment be used towards match or leverage?** Leverage
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Legal Services of Eastern Missouri
- 5. Date of Written Commitment:** 10/30/2015
- 6. Value of Written Commitment:** \$7,500



## Sources of Match/Leverage Detail

### Instructions:

Match and Leverage are two distinct categories of funds from other sources that will be used in conjunction with this project, if awarded. Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the CoC Program interim rule with the exception of leasing costs. Leverage funds can be used for any program related costs and there is no minimum requirement. Please review 24 CFR Part 578, and the FY 2015 CoC Program NOFA for more detailed information concerning Match and Leverage.

Will this commitment be used towards Match or Leverage? Select Match or Leverage to categorize each commitment being entered.

Type of Commitment: Select Cash (\$) or In-kind (non-cash) to denote the type of contribution that describes this match or leveraging commitment.

Type of source: Select Private or Government to denote the source of the contribution. The Neighborhood Stabilization Program (NSP) and HUD-VASH (VA Supportive Housing program) funds may be considered Government sources. Project applicants are encouraged to include funds from these sources, whenever possible.

Name the Source of the Commitment: Be as specific as possible (e.g. HHS PATH Grant, Community Service Block Grant, Hilton Foundation Grant to End Chronic Homelessness) and include the office or grant program as applicable. Enter the name of the entity providing the contribution. It is important to provide as much detail as possible so that the local HUD office can quickly identify and approve of the commitment source.

Date of written commitment: Enter the date of the written contribution.

Value of written commitment: Enter the total dollar value of the contribution

The values entered on each detailed Match/Leverage screen will populate the Screen "7J. Summary Budget." The Cash, In-Kind, and Total Match will also automatically populate the Summary budget where the 25% match minimum will be calculated and applied.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

- 1. Will this commitment be used towards match or leverage?** Match
- 2. Type of commitment:** In-Kind
- 3. Type of source:** Private
- 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** Operation Food Search
- 5. Date of Written Commitment:** 10/31/2015
- 6. Value of Written Commitment:** \$75,000

## 7J. Summary Budget

### Instructions:

The system populates a summary budget based on the information entered into each preceding budget form. Review the data and return to the previous forms to correct any inaccurate information. All fields are read only with exception to field "9. Admin (Up to 10%)."the "Total Requested for Grant Term for Admin."

**Admin (Up to 10%):** Enter the amount of requested administration funds. The grant will not fund greater than 10% of the request listed in the field "Sub-Total Eligible Costs Request." If an amount above 10% is entered, the system will report an error and prevent application submission when the screen is saved.

**Total Assistance plus Admin Requested:** This field is automatically populated based on the amount of funds requested on the various budgets completed by the project applicant and Admin costs requested. This is this is the total amount of funding the project applicant will request in the FY 2015 CoC Program Competition.

**Cash Match:** This field is automatically populated. If it needs to be changed, return to Screen "7I. Match/Leverage" to make changes to this field.

**In-Kind Match:** This field is automatically populated. If it needs to be changed, return to Screen "7I. Match/Leverage" to make changes to this field.

**Total Match:** This field will automatically calculate the total combined value of the Cash and In-Kind Match. The total match must equal 25% of the request listed in the field "Total Eligible Costs Request" minus the amount requested for Leased Units and Leased Structures. There is no upper limit for Match. If an ineligible amount is entered, the system will report an error and prevent application submission. To correct an inadequate level of match, return to Screen "7I. Match/Leverage" to make changes.

Cash and In-Kind Match entered into the budget must qualify as eligible program expenses under the CoC program regulations. Compliance with eligibility requirements will be verified at grant agreement.

The Total Budget automatically calculates when you click the "Save" button.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

**The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.**

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0

<b>2b. Leased Structures</b>	\$0	1 Year	\$0
<b>3. Rental Assistance</b>	\$79,872	1 Year	\$79,872
<b>4. Supportive Services</b>	\$106,965	1 Year	\$106,965
<b>5. Operating</b>	\$0	1 Year	\$0
<b>6. HMIS</b>	\$0	1 Year	\$0
<b>7. Sub-total Costs Requested</b>			\$186,837
<b>8. Admin (Up to 10%)</b>			\$14,063
<b>9. Total Assistance Plus Admin Requested</b>			\$200,900
<b>10. Cash Match</b>			\$0
<b>11. In-Kind Match</b>			\$75,000
<b>12. Total Match</b>			\$75,000
<b>13. Total Budget</b>			\$275,900

**Click the 'Save' button to automatically calculate totals.**

## 8A. Attachment(s)

### Instructions:

**Subrecipient Nonprofit Documentation:** Documentation of the subrecipient's nonprofit status must be uploaded, if the applicant and project subrecipient are different entities, and the subrecipient is a nonprofit organization.

**Other Attachment(s):** Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.

If indicated on Screens 3A and/or 3B, the following additional attachment screens may be visible that should be used instead of Screen 8A. Attachments:

**CoC Rejection Letter:** Projects that are applying for CoC funds and that have been rejected for the competition by their CoC (Solo Projects) must submit documentation from the CoC verifying and explaining why the project has been rejected.

**Certification of Consistency with Consolidated Plan:** Each applicant that is not a State or unit of local government is required to have a certification by the jurisdiction in which the proposed project will be located that the applicant's application for funding is consistent with the jurisdiction's HUD-approved consolidated plan. The certification must be made in accordance with the provisions of the consolidated plan regulations at 24 CFR part 91, subpart F. For projects that selected "No CoC" on Screen 3A, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan.

If the Solo Applicant is a State or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

Additional Resources can be found at the HUD Exchange:  
<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	501c3	10/30/2015
3) Other Attachment(s)	No	Gateway 180 RRH F...	11/13/2015
2) Other Attachment(s)	No	Four Leverage/Mat...	11/02/2015

## **Attachment Details**

**Document Description:** 501c3

## **Attachment Details**

**Document Description:** Gateway 180 RRH Forms

## **Attachment Details**

**Document Description:** Four Leverage/Match Letters (Three Leverage  
and One Match)

## 8B. Applicant Certification

### A. For all projects:

#### Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

**B. For non-Rental Assistance Projects Only.**

**15-Year Operation Rule.**

For applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

**1-Year Operation Rule.**

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

**Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.**

**Name of Authorized Certifying Official:** Francis Slay

**Date:** 11/13/2015

**Title:** Mayor

**Applicant Organization:** City of St. Louis

**PHA Number (For PHA Applicants Only):**

**I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

X



## 9B. Submission Summary

Page	Last Updated
1A. Application Type	No Input Required
1B. Legal Applicant	No Input Required
1C. Application Details	No Input Required
1D. Congressional District(s)	10/26/2015
1E. Compliance	10/26/2015
1F. Declaration	10/26/2015
2A. Subrecipients	10/26/2015
2B. Experience	11/05/2015
3A. Project Detail	10/26/2015
3B. Description	11/11/2015
3C. Expansion	10/26/2015
4A. Services	11/11/2015
4B. Housing Type	11/04/2015
5A. Households	11/04/2015
5B. Subpopulations	No Input Required
5C. Outreach	11/05/2015
5D. Discharge Policy	10/26/2015
6A. Standard	11/04/2015
6B. Additional Performance Measures	No Input Required
7A. Funding Request	11/11/2015
7E. Rental Assistance	10/30/2015
7F. Supp Srvcs Budget	11/10/2015
7I. Match/Leverage	11/06/2015
7J. Summary Budget	No Input Required
8A. Attachment(s)	11/13/2015
8B. Certification	10/29/2015

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**IRS** Department of the Treasury  
Internal Revenue Service

P.O. Box 2508, Room 4010  
Cincinnati OH 45201

In reply refer to: 4077550281  
Dec. 22, 2008 LTR 4168C 0  
43-1099929 000000 00 000  
00027159  
BODC: TE

GATEWAY HOMELESS SERVICES INC  
1000 N 19TH ST  
ST LOUIS MO 63106

Employer Identification Number: 43-1099929  
Person to Contact: Sally Froehle  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Aug. 21, 2008, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in June 1977, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(03) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Cindy Westcott  
Manager, EO Determinations

# Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 11/30/2018)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

## Applicant/Recipient Information

Indicate whether this is an Initial Report ☒ or an Update Report ☐

1. Applicant/Recipient Name, Address, and Phone (Include area code): City of St. Louis 1520 Market Suite 4065 St. Louis MO, 63103 (314) 612-5900	2. Social Security Number or Employer ID Number: 436003231
3. HUD Program Name HUD COC Homeless Assistance Competition	4. Amount of HUD Assistance Requested/Received \$200,900
5. State the name and location (street address, City and State) of the project or activity: Gateway 180 Rapid Rehousing 1000 North 19th Street St. Louis MO 63106	

## Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3). <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form.  
**However,** you must sign the certification at the end of the report.

## Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name and Address	Type of Assistance	Amount Requested/Provided	Expected Uses of the Funds

(Note: Use Additional pages if necessary.)

## Part III Interested Parties. You must disclose:

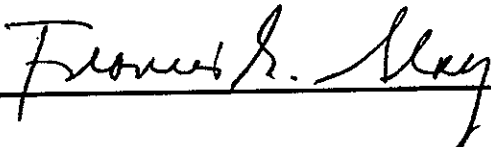
- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation in Project/Activity	Financial Interest in Project/Activity (\$ and %)
N/A			

(Note: Use Additional pages if necessary.)

## Certification

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.  
I certify that this information is true and complete.

Signature: 	Date: (mm/dd/yyyy) 11/12/2015
---------------------------------------------------------------------------------------------------	----------------------------------

**Application for Federal Assistance SF-424**

**\* 1. Type of Submission:**

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

**\* If Revision, select appropriate letter(s):**

**\* Other (Specify):**

**\* 3. Date Received:**

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:**

**State Use Only:**

**6. Date Received by State:**

**7. State Application Identifier:**

**8. APPLICANT INFORMATION:**

**\* a. Legal Name:** City of St. Louis

**\* b. Employer/Taxpayer Identification Number (EIN/TIN):**

43-6003231

**\* c. Organizational DUNS:**

6206802230000

**d. Address:**

**\* Street1:**

1520 Market

**Street2:**

Suite 4065

**\* City:**

St. Louis

**County/Parish:**

**\* State:**

MO: Missouri

**Province:**

**\* Country:**

USA: UNITED STATES

**\* Zip / Postal Code:**

63103

**e. Organizational Unit:**

**Department Name:**

**Division Name:**

**f. Name and contact information of person to be contacted on matters involving this application:**

**Prefix:**

**\* First Name:**

Eddie

**Middle Name:**

**\* Last Name:**

Roth

**Suffix:**

**Title:**

**Organizational Affiliation:**

**\* Telephone Number:**

{314} 657-1650

**Fax Number:**

**\* Email:**

rothe@stlouis-mo.gov

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Number:**

**CFDA Title:**

**\* 12. Funding Opportunity Number:**

FR-5900-N-25

**\* Title:**

Continuum of Care Homeless Assistance Competition

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

Continuum of Care Homeless Assistance Competition FY 2015 City of St. Louis

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:

*Francis R. Slay*

*Francis R. Slay*

\* Date Signed:

# SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

OMB No. 1890-0014 Exp. 2/28/2009

**Purpose:** The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

**Instructions for Submitting the Survey:** If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: City of St. Louis

Applicant's DUNS Number: 620680223

Grant Name: FY 2015 Continuum of Care

CFDA Number: 14.267

1. Does the applicant have 501(c)(3) status?

☐ Yes

☒ No

4. Is the applicant a faith-based/religious organization?

☐ Yes

☒ No

2. How many full-time equivalent employees does the applicant have? (Check only one box).

☐ 3 or Fewer

☐ 15-50

☐ 4-5

☐ 51-100

☐ 6-14

☒ over 100

5. Is the applicant a non-religious community-based organization?

☐ Yes

☒

No

3. What is the size of the applicant's annual budget?

(Check only one box.)

☐ Less Than \$150,000

☐ \$150,000 - \$299,999

☐ \$300,000 - \$499,999

☐ \$500,000 - \$999,999

☐ \$1,000,000 - \$4,999,999

☒ \$5,000,000 or more

6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

☒ Yes

☐ No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

☒ Yes

☐ No

8. Is the applicant a local affiliate of a national organization?

☐ Yes

☒ No



## **Survey Instructions on Ensuring Equal Opportunity for Applicants**

**Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.**

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

### **Paperwork Burden Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0014. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Housing and Urban Development, Office of Departmental Grants Management and Oversight, Room 3156, Washington, D.C. 20410.**

**If you have comments or concerns regarding the status of your individual submission of this form, write directly to the address above.**

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: City of St. Louis

Project Name: See attached list

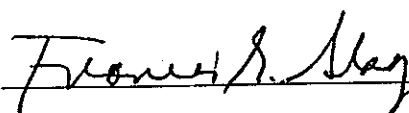
Location of the Project: Scattered sites in St. Louis  
\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying: HUD Continuum of Care Homeless Assistance Competition

Name of  
Certifying Jurisdiction: City of St. Louis

Certifying Official  
of the Jurisdiction  
Name: Francis G. Slay

Title: Mayor

Signature: 

Date: November 12, 2015

**FY2015 Continuum of Care  
City of St. Louis Consolidated Plan Certification  
Project Names List**

<b><u>Project Name</u></b>	<b><u>Applicant Organization</u></b>
CoC Planning	City of St. Louis
Covenant House Transitional Housing Program	City of St. Louis
Depaul USA Project MORE	City of St. Louis
Depaul USA Project PLUS	City of St. Louis
Doorways Delmar	City of St. Louis
Doorways Jumpstart	City of St. Louis
Doorways Maryland	City of St. Louis
Employment Connections Project Homecoming	City of St. Louis
Gateway 180 Rapid Rehousing	City of St. Louis
HMIS Lead Services ICA	City of St. Louis
Humanitri Transitional Housing Program	City of St. Louis
Places for People Housing for the Future of Families	City of St. Louis
Queen of Peace St. Philippine Home	City of St. Louis
St. Louis Transitional Hope House Program	City of St. Louis
St. Patrick Center Employment Program	City of St. Louis
St. Patrick Center Project Protect Housing	City of St. Louis
St. Patrick Center Rosati House	City of St. Louis
St. Patrick Permanent Supportive Housing Program	City of St. Louis
St. Patrick Rapid ReHousing Program	City of St. Louis
The Bridge Outreach: Coordinated Entry	City of St. Louis
YWCA Phyllis Wheatley Transitional Housing Program	City of St. Louis
2015 SCL (STL City Shelter Plus Care Renewal QoP TRA)	Missouri Department of Mental Health
2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70)	Missouri Department of Mental Health
2015 SCS (STL City Shelter Plus Care Renewal QoP SRA)	Missouri Department of Mental Health
2015 SCY (STL City Shelter Plus Care Renewal SPC)	Missouri Department of Mental Health
2015 SZB (STL City Shelter Plus Care Renewal Chronic-43)	Missouri Department of Mental Health
2015 SZC (STL City Shelter Plus Care Renewal QoP Families)	Missouri Department of Mental Health

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant Name

City of St. Louis

Program/Activity Receiving Federal Grant Funding

Department of Homeless Services

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

See Attached List

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.  
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Francis G. Slay

Title

Mayor

Signature

X *Francis G. Slay*

Date

*November 12, 2015*

**FY2015 Continuum of Care  
City of St. Louis Drug Free Workplace Sites**

<b>Applicant Organization</b>	<b>Project Name</b>	<b>Address</b>
City of St. Louis	CoC Planning	1520 Market Suite 4065 St. Louis MO, 63103
City of St. Louis	Covenant House Transitional Housing Program	2727 North Kings Highway St. Louis MO 63113
City of St. Louis	Depaul USA Project MORE	2904 Arsenal St. Louis MO 63118
City of St. Louis	Depaul USA Project PLUS	2904 Arsenal St. Louis MO 63118
City of St. Louis	Doorways Delmar	4385 Maryland Avenue St. Louis MO, 63108-2703
City of St. Louis	Doorways Jumpstart	4385 Maryland Avenue St. Louis MO, 63108-2703
City of St. Louis	Doorways Maryland	4385 Maryland Avenue St. Louis MO, 63108-2703
City of St. Louis	Employment Connections Project Homecoming	2838 Market Street St. Louis MO 63103
City of St. Louis	Gateway 180 Rapid Rehousing	1000 North 19th Street St. Louis MO 63106
City of St. Louis	HMIS Lead Services ICA	1111 9th Street Suite 245 Des Moines Iowa 50314
City of St. Louis	Humanitri Transitional Housing Program	1447 East Grand Avenue St. Louis MO 63107
City of St. Louis	Places for People Housing for the Future of Families	4130 Lindell St. Louis MO 63108
City of St. Louis	Queen of Peace St. Philippine Home	325 North Newstead Ave St. Louis MO 63108
City of St. Louis	St. Louis Transitional Hope House Program	1611 Hodiamont Avenue St. Louis MO 63112
City of St. Louis	St. Patrick Center Employment Program	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Center Project Protect Housing	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Center Rosati House	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Permanent Supportive Housing Program	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	St. Patrick Rapid ReHousing Program	800 N Tucker Blvd St. Louis MO 63101
City of St. Louis	The Bridge Outreach: Coordinated Entry	1610 Olive St. Louis MO 63103
City of St. Louis	YWCA Phyllis Wheatley Transitional Housing Program	3820 West Pine Mall Blvd St. Louis MO 63108
Missouri Department of Mental Health	2015 SCL (STL City Shelter Plus Care Renewal QoP TRA)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SCS (STL City Shelter Plus Care Renewal QoP SRA)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SCY (STL City Shelter Plus Care Renewal SPC)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SZB (STL City Shelter Plus Care Renewal Chronic-43)	1706 E Elm Jefferson City MO 65102
Missouri Department of Mental Health	2015 SZC (STL City Shelter Plus Care Renewal QoP Families)	1706 E Elm Jefferson City MO 65102

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB  
0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="checked" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		<b>2. Status of Federal Action:</b> <input checked="checked" type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award		<b>3. Report Type:</b> <input checked="checked" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____	
<b>4. Name and Address of Reporting Entity:</b> <input checked="checked" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: MO-001			<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b> N/A  Congressional District, if known:		
<b>6. Federal Department/Agency:</b> HUD			<b>7. Federal Program Name/Description:</b> CoC CFDA Number, if applicable: 14.267		
<b>8. Federal Action Number, if known:</b> N/A			<b>9. Award Amount, if known:</b> \$		
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): N/A			<b>b. Individuals Performing Services (including address if different from No. 10a)</b> (last name, first name, MI): N/A		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.			Signature: <u>Francis G. Slay</u> Print Name: <u>Francis G. Slay</u> Title: <u>Mayor</u> Telephone No.: <u>(314) 622-3201</u> Date: <u>11-12-15</u>		
<b>Federal Use Only:</b>					Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**FY2015 Continuum of Care  
City of St. Louis Disclosure of Lobbying Activities**

**Project Names List**

<b><u>Project Name</u></b>	<b><u>Applicant Organization</u></b>
CoC Planning	City of St. Louis
Covenant House Transitional Housing Program	City of St. Louis
Depaul USA Project MORE	City of St. Louis
Depaul USA Project PLUS	City of St. Louis
Doorways Delmar	City of St. Louis
Doorways Jumpstart	City of St. Louis
Doorways Maryland	City of St. Louis
Employment Connections Project Homecoming	City of St. Louis
Gateway 180 Rapid Rehousing	City of St. Louis
HMIS Lead Services ICA	City of St. Louis
Humanitri Transitional Housing Program	City of St. Louis
Places for People Housing for the Future of Families	City of St. Louis
Queen of Peace St. Philippine Home	City of St. Louis
St. Louis Transitional Hope House Program	City of St. Louis
St. Patrick Center Employment Program	City of St. Louis
St. Patrick Center Project Protect Housing	City of St. Louis
St. Patrick Center Rosati House	City of St. Louis
St. Patrick Permanent Supportive Housing Program	City of St. Louis
St. Patrick Rapid ReHousing Program	City of St. Louis
The Bridge Outreach: Coordinated Entry	City of St. Louis
YWCA Phyllis Wheatley Transitional Housing Program	City of St. Louis
2015 SCL (STL City Shelter Plus Care Renewal QoP TRA)	Missouri Department of Mental Health
2015 SCQ (STL City Shelter Plus Care Renewal Chronic-70)	Missouri Department of Mental Health
2015 SCS (STL City Shelter Plus Care Renewal QoP SRA)	Missouri Department of Mental Health
2015 SCY (STL City Shelter Plus Care Renewal SPC)	Missouri Department of Mental Health
2015 SZB (STL City Shelter Plus Care Renewal Chronic-43)	Missouri Department of Mental Health
2015 SZC (STL City Shelter Plus Care Renewal QoP Families)	Missouri Department of Mental Health





Alan O. Freeman, MBA, FACHE  
President & Chief Executive Officer

1717 Biddle Street  
St. Louis, Missouri 63106  
OFFICE: 314.814.8511  
MOBILE: 314.442.1647  
afreeman@affiniahealthcare.org

---

*Inspired by the Patients We Serve*

October 29, 2015

Kathleen Beach, Executive Director  
Gateway180  
1000 N. 19<sup>th</sup> Street  
Saint Louis Mo 63106

RE: Leverage for Rapid Rehousing

Dear Kathleen:

This is to certify that Affinia Healthcare will provide medical, dental, and behavioral health services equaling an estimated value of \$2,151.32 per participant. The program will provide services for approximately 20 adults and 30 children who will be clients in a Rapid Rehousing Program administered through Gateway 180, a family shelter in St. Louis, MO.

The value of this service is equal to \$107,566.00 for 50 individuals receiving a typical amount of care over the course of a year. These services will be available to your clients beginning April 1, 2016 through March 31, 2017.

We look forward to working together in support of Rapid Rehousing for families.

Sincerely,

Alan O. Freeman  
President and CEO

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MAIN PHONE: 314.898.1700  
APPOINTMENT: 314.814.8700

affiniahealthcare.org

1717 Biddle Street  
St. Louis, Missouri 63106

3930 South Broadway  
St. Louis, Missouri 63118

2220 Lemp Avenue  
St. Louis, Missouri 63104

4414 North Florissant  
St. Louis, Missouri 63107

Behavioral Health at BJC  
1430 Olive Street, Suite 500  
St. Louis, Missouri 63103



Affinia Healthcare is an  
equal opportunity employer.

# BJC Behavioral Health

1430 Olive Street, STE 500  
St. Louis, Missouri 63103

**BJC** HealthCare

November 2, 2015

Kathleen Beach, Executive Director  
Gateway180  
1000 N. 19<sup>th</sup> Street  
Saint Louis Mo 63106

RE: Leverage for Rapid Rehousing

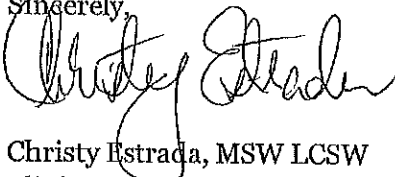
Dear Kathleen:

This is to certify that BJC will provide behavioral health services equaling an estimated value of \$7,000 per participant who qualifies for our outpatient mental health care. The program will provide services for approximately 20 adults who will be clients in a Rapid Rehousing Program administered through Gateway 180, a family shelter in St. Louis, MO.

The value of this service is equal to \$140,000. These services will be available to your clients beginning April 1, 2016 through March 31, 2017.

We look forward to working together in support of Rapid Rehousing for families.

Sincerely,



Christy Estrada, MSW LCSW  
Clinical Supervisor  
Shelter Outreach Services



## *Legal Services of Eastern Missouri, Inc.*

4232 Forest Park Avenue  
St. Louis, Missouri 63108  
(314) 534 - 4200 - [www.lsem.org](http://www.lsem.org)



October 30, 2015

Kathleen Beach  
Executive Director  
Gateway180  
1000 N. 19<sup>th</sup> Street  
Saint Louis Mo 63106

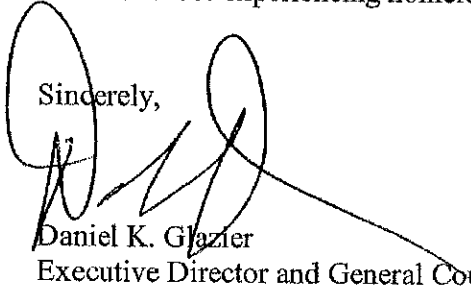
Dear Kathleen:

As members of our St. Louis City Continuum of Care, our organizations have partnered together for many years to address the needs of individuals and families in crisis. Legal Services of Eastern Missouri (LSEM) is pleased to continue this partnership by providing civil legal services to clients of Gateway 180's Rapid Rehousing program.

Between April 1, 2016 and March 31, 2017, LSEM anticipates that it will provide \$7,500 worth of legal services to Rapid Rehousing clients of Gateway 180. LSEM expects to provide services to 10 clients during this period at an average of 7.5 hours of service per client at a professional rate of \$100.00 per hour.

LSEM has an established relationship with Gateway 180 which will continue as long as funding permits LSEM to provide supportive legal services to those experiencing homelessness in our community.

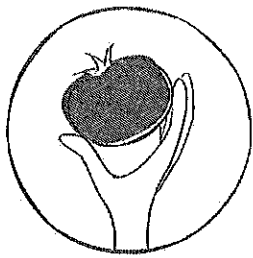
Sincerely,

  
Daniel K. Glazier  
Executive Director and General Counsel



Daniel K. Glazier, Executive Director and General Counsel  
Legal Services of Eastern Missouri is proud to be a Legal Services Corporation (LSC) grantee,  
and we comply with all LSC conditions and prohibitions in acceptance of all funds.





OPERATION  
FOOD  
SEARCH

Our mission is to nourish and educate our neighbors in need  
to heal the hurt of hunger.

October 31, 2015

Kathleen Beach, Executive Director  
Gateway180  
1000 N. 19<sup>th</sup> Street  
Saint Louis Mo 63106

Dear Kathleen:

Operation Food Search of St. Louis, MO would like to participate in the Rapid Rehousing project with Gateway180 April 1, 2016 – March 31, 2017.

Operation Food Search will provide the donation of foods to be used and distributed for participants of the Rapid Rehousing Program. We will be donating foods that will have a total value of \$75,000 and above.

We look forward to working together in support of Rapid Rehousing for families.

Sincerely,

Julia Fuller, MSW  
Agency Relations Coordinator  
Operation Food Search

